

Testimony for the 2005 White House Conference on Aging, Wednesday, December 8, 2004, The Illinois Department on Aging 2004 Governor's Conference on Aging

My name is Paul Bennett. I am the Director of the University of Illinois at Chicago Central West Case Management Unit which is a service project of the Jane Addams College of Social Work. I also come to this forum with over 24 years experience working as a social worker with older adults in the community and as a doctoral student in social work currently engaged in research focusing on comparative models of Naturally Occurring Retirement Communities or NORCs. It is an honor to present today and provide testimony that will hopefully impact the future directions of social policy and services for older Americans. It is my belief that NORCs offer planning, environmental, social engagement and consumer direction opportunities.

I am confident that most of us listening to my testimony are well aware that the United States is an aging society. Journal studies and case record files anecdotally demonstrate evidence that older adults prefer to age-in-place and that many older adults have lived in their same communities for 30 or more years. In addition, in the later half of the 20th Century it has become evident that large segments of the older adult population reside in what has been coined by Michael E. Hunt, professor at the University of Wisconsin at Madison, in NORCs or Naturally Occurring Retirement Communities. A NORC by definition is a community in which 50% or more of the residents are over the age of 60 and are aging-in-place.

The understanding of a NORC's potential offers a wonderful opportunity for future long-term care policy, and program development. We have a unique prospect to combine the older Americans' desire to age-in-place and the phenomena that older Americans are aging-in-place in concentrated areas that include apartment buildings, neighborhoods, communities, and even

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whole towns. Hunt suggests that naturally occurring retirement communities provide information on what is naturally attractive about living situations for older people, and possibly, a model of settings conducive to the provision of long-term care. How can we seize upon these occurrences to further develop creative, potentially cost effective programs and services that reflect an older American's hopes and aspirations?

As a social work practitioner, I have been involved in developing creative solutions for community-based services. In particular, the agency for which I was employed a few years back, received private foundation monies to create a model called Clustered Care as an alternative method to deliver homemaker services under the Illinois Community Care Medicaid waiver program for the elderly. In our Clustered Care demonstration project, we were able to successfully provide the traditional homemaker in-home service to the older adult in a non-traditional manner. The homemaker hours were given as intermittent care, rather than provided in single blocks or units of time. Under Clustered Care, homemaker hours were given at a minimum of twice per day and by teams of in-home service workers. We had considered calling our Clustered Care model, community assisted living, because it brought improvements in the service delivery model by unbundling a plan of care seen primarily in facility-based assisted living programs. With delight, we were successful at its implementation to older adults living in single family homes and apartments in larger clustered community settings. By identifying our clients in clusters or communities, much like a NORC, the opportunity to significantly improve the delivery of community-based services was realized. Participant satisfaction was high and the delivery of community-based services was consistent.

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The concept of community-based service delivery within a NORC framework is empowering. The individual feels empowered if able to develop community-based supportive resources or by appreciating and perceiving the strengths of their community. The NORC community is empowered as it values its potential beyond traditional communal services delivered to a population. The prospective is great not only for the neighborhoods to deliver community-based services, but whole towns. The delivery of community-based services under the structural framework of a NORC has potential in urban, suburban and rural settings.

I wish to compliment the efforts to date by the Congress, Health and Human Services and the Administration on Aging in recognizing the potential of NORCs as having the ability to enhance the delivery of community-based services to older Americans. I also wish that these efforts could be further strengthened through more research and demonstration projects and that the creative ideas and successful interventions learned so far could be institutionalized in future funding streams.

A professor of mine, Dr. Susan Hughes at the University of Illinois at Chicago School of Public Health altered the words of the famous architect Mies Van Der Rohr that "form follows function" into "form follows funding." That said, I am requesting that the funding of future community-based services recognize the strengths inherent in the concepts and structural frameworks of a NORC as an elder friendly community and the result will be community-based services that reflect the desires and wishes of older Americans to age-in-place in a setting that allows them to successfully age-in-place. Thank you.

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